hernia are given the space they well merit and are fully illustrated.

About one-sixth of the book is devoted to genito-urinary surgery, and includes the recent advances in this department.

Six methods for nephropexy are given and some of the advantages claimed for each. The other operations on the kidney are given due attention, but he is non-committal in reference to Edebohls' decortication procedure. In the chapter on the ureter, he has made free use of Morris's work, and could have found no better authority.

The various methods of dealing with paralysis by tendon transplantation are described and credit given to Vulpius and others.

Many other chapters might be mentioned as showing the scope of the work. In the perusal of the entire book, one is impressed with the fact that, to a great extent, only the more recent authorities are quoted. The very latest surgical literature is embodied in the book. While an active surgeon, who is also a student, may be acquainted with the very article quoted, it is convenient to find it at hand on one's desk rather than in less accessible journal files. It is, however, much more than a compilation. The vigor and good judgment of the author are everywhere apparent.

WALTER C. WOOD.

THE SURGERY OF THE DISEASES OF THE APPENDIX VERMIFORMIS AND THEIR COMPLICATIONS. By WILLIAM HENRY BATTLE, F.R.C.S., Surgeon to St. Thomas's Hospital, and EDRED M. CORNER, F.R.C.S., Surgeon in Charge of Out-Patients, St. Thomas's Hospital. Chicago: W. T. Keener & Co., 1905.

A book which can be read with interest and pleasure by the surgeon, and which is certainly a most valuable source of instruction to the general practitioner, as it is he who is usually first called to see the cases described, and upon whom rests the responsibility of deciding when the surgeon shall be called in consultation, of urging upon the family or friends of the patient the need of haste that valuable lives be not sacrificed by unnecessary delay and waste of time.

Beginning with a brief history of the disease and its surgical treatment, the authors follow with a most complete description of the anatomy of the appendix, macroscopical and microscopical; its development, physiology, and relation to neighboring organs and the abdominal walls.

Almost forty pages are devoted to pathology and diagnosis, comprising really two most important chapters of the book.

There are but three criticisms to be made against the chapters devoted to treatment.

First. The authors recommend rubber gloves only in cases complicated by pus. We believe that gloves are *always* to be worn in this or any surgical procedure, whether pus be present or not.

Second. The evident preference given to silk as a suture material, when *absolutely* sterile catgut can always be obtained, plain or chromicized, of any desirable size from reliable manufacturers of surgical dressings.

Third. While the search for and removal of the appendix in cases with abscess may add somewhat to the risk to the patient, we believe it better to take that risk rather than close the abdomen, leaving such a factor for immediate or future trouble behind us.

The method of removal of the appendix described on pages 83 and 84 is quick, clean, and saves time, as we have proved on several occasions.

Chapter XII should be of special interest to all who are in any way connected with life insurance. Many companies now insure for or against appendicitis.

J. RICHARD TAYLOR.

"FRACTURES DE LA EXTREMIDAD INFERIOR DEL HÚMERO EN LOS NIÑOS." "FRACTURES OF THE LOWER EXTREMITY OF THE HUMERUS IN CHILDREN." Thesis presented by PEDRO CHUTRO. Gr. 8vo, pp. 577, Figs. 165. Buenos Ayres: J. Peuser, 1904.

This volume contains the results of Dr. Chutro's study of 106 elbow fractures in children observed by him during the period of five years from April, 1899, to April, 1904. During this time there were treated in all 361 cases of fractures in children, the fractures of the lower extremity of the humerus observed thus forming nearly 30 per cent. of the whole number. Of the 106 elbow fractures, 35 were supracondylar; 29 were epiphyseal separations; 28 were fractures of the external condyle; 2 of the internal condyle; 5 of the epitrochlea; 2 were classed as T-fractures; and 5 Dr. Chutro terms diacondylar, of the type Posadas. This last classification, named after the lamented Dr. Alexander Posadas, who first clearly described its pathological anatomy, is, as its name implies, a more or less transverse diacondylar fracture; its special feature being that the epiphyseal fragment of the humerus has become dislocated forward and downward into the flexure of the elbow, while the bones of the forearm form a false joint posteriorly with the lower end of the diaphyseal fragment of the humerus. Although the deformity is much the same as in that type of recent fracture described by Kocher as "supracondylar fracture by flexion," and though, as Chutro points out, fractures which were probably of this type have been described with more or less distinctness by various authors from the time of Cruveilhier (1829), yet no one appears to have studied the lesions accurately but Posadas himself.

The author of this work is to be sincerely congratulated upon the thorough and painstaking manner in which he presents his studies. His conclusions are amply justified in nearly every instance by the excellent series of skiagraphs and photographs with which his arguments are accompanied. The appearance of the limb on admission is shown in a photograph; a skiagraph shows the bony lesions present; a complete clinical history is given; and when the patient is discharged he is again photographed and skiagraphed, to show the limits of extension and flexion in the elbow-joint, and the bony union obtained. Surprising success has attended the treatment in most of the cases; and this is no doubt in large part due to the adoption of acute flexion as the routine position for the elbow. Chutro gives Dauvergne (1873) the credit of introducing this method which is so widely known by Jones's name. Passive motion and massage are commenced at the first dressing, on the third or fourth day; and not until from five to six weeks have passed are bandages entirely discarded and gymnastics commenced. In our own opinion, it is safer not to begin massage or passive motion, except so much motion as is required to unfold and bathe the fold of the elbow, until the end of the second week; and if this be done we think it totally unnecessary to retain the bandages in the vast majority of cases beyond the fourth week. It also appears to us that Chutro depends upon the Röntgen rays for diagnosis to an unnecessary and inexpedient degree.

Chutro's experience with the operative treatment of elbow fractures appears to have been unusually extended. This is so, not because the cases under his own care required operation many times, but because children from the surrounding country for many miles appear to have been habitually referred to his department of the hospital. It is worthy of note that the cases thus sent in for operation had been treated, if any form of treatment had been employed, almost exclusively by the application of plaster casts; the result, as is frequently the case, being that the deformity recurred as soon as the cast became loose through the subsidence of the primary swelling, and that as a consequence the child was left with an ankylosed joint. In most of these cases he employed a single external longitudinal incision, reaching the humerus and radius through the intermuscular septum; then he separated the soft structures and the periosteum as a bridge from the anterior surface of the joint, loosened the fragments, and replaced them in their normal position, cutting away so much of the callus or irregular edges of bone as was requisite. The arm was then dressed in acute flexion, and the case treated as a recent fracture. Formal excision of the joint is not employed; and, except in the cases of diacondylar fracture of the type Posadas, it was not found necessary to employ an internal longitudinal incision in addition to that formerly described.

In fractures of the external condyle, with complete rotation of the fragment, an injury very difficult to treat satisfactorily on conservative lines, Chutro employs immediate operation, restores the fragment to its normal position, and fastens it in place by periosteal sutures of catgut. He does not mention the method of nailing the fragment in place, and avoids metallic sutures whenever possible.

This volume may be considered a complete review of the subject of which it treats up to the present: the history of each variety of fracture is outlined, and the literature of the subject has been searched with a thoroughness which it would be difficult to exceed. A copious bibliography is appended, which is especially complete in American, English, and French references; the German literature is not so well represented. A fault in the book is the absence of an index; this lack is probably to be explained, however, on the ground that the work was presented as a thesis. As a whole, nevertheless, Dr. Chutro's book presents the best study of fractures of the lower extremity of the humerus which has been published in many years; and as far as illustrations alone are concerned it is certainly not excelled. Even to those who do not read Spanish, the magnificent series of photographs and radiographs will tell their own tale very largely, and will well repay careful study.

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